

State File No. 147.

ARIZONA STATE DEPARTMENT OF HEALTH

should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 147

Birth Miami, Ariz. County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

D*	Twin	{	and	{	Number in order of birth
	Triplet or other?				

RTH\* Oct. 19 1929  
(Month) (Day) (Year)

FATHER <u>Vicente Sanchez</u>
MOTHER <u>Consuelo Mendiga</u>

I HEREBY CERTIFY that the child described  
herein has been named

Vicente Sanchez  
(Give name in full) (Surname)

Mrs. Consuelo Sanchez  
(Parent's Signature)

Dr. Cran  
(Signature of Physician or Midwife)

to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.

529-1019-341